

# WAIVER APPLICATION FORM

**ORIGINAL CERTIFICATION** OF ONSITE  
WASTEWATER TREATMENT &  
DISPOSAL SYSTEM PROFESSIONALS  
PAGE 1

Submit Application & Fee payable to the "Division of Water Quality"

Only Utah licensed professional engineers, environmental health scientists, or contractors who ***Waived*** attendance at the certification training offered through the Utah On-site Wastewater Training Center use this form to obtain ***original certification*** as an Onsite System Professional. **Additional documentation is REQUIRED.**

**A. Name** \_\_\_\_\_ **Social Sec. No.** XXX-XX-\_\_\_\_\_  
(Required) (First Name) (Middle Name or Initial) (Last Name) (Last 4 digits only)

**B. Contact Information** (You MUST notify the Division of Water Quality of address changes)

**Primary Mailing Address** (Required) - Indicate **Type** of Address (**Home, Business, Work, Mailing**): \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
(If part of primary mailing address) (Consultant, Contractor, etc.)

\_\_\_\_\_  
(Primary Mailing Address - include PO Box, if required) (City) (State Abbr.) (Zip Code)

**Alternate Address** - Indicate **Type** of Address (**Home, Business, Work, Mailing**): \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
(If part of alternate address) (Consultant, Contractor, etc.)

\_\_\_\_\_  
(Alternate Address) (City) (State Abbr.) (Zip Code)

**County of Business** - \_\_\_\_\_  
(Primary County of Business - to be used for web site list)

\_\_\_\_\_  
(Primary E-mail Address) (Alternate E-mail Address)

**C. Phone Numbers** - Indicate Type (**Home, Business, Fax** or **Mobile**)

Primary Phone Type: \_\_\_\_\_ No. \_\_\_\_\_ Alternate Phone Type: \_\_\_\_\_ No. \_\_\_\_\_  
(Will be listed on Web Site) (Area code) (Number) (Area code) (Number)

## D. Waiver documentation

A copy of my current Utah license as a \_\_\_\_\_ Number \_\_\_\_\_ is attached.  
(P.E., E.H.S., or Contractor) (Utah License Number)

**E. Original Certificates Requested** (Complete all that apply and enclose \$10 fee for each certificate)

\*All applicants must complete this section:

**\*\*Note:** Licensed environmental health scientists or licensed contractors must complete Section G on page 2 and attach it to this page for processing.

Passed Level 1 - Exam \_\_\_\_\_ Fee \_\_\_\_\_  
(Exam Date) (Included)

Passed Level 2 - Exam \_\_\_\_\_ Fee \_\_\_\_\_  
(Exam Date) (Included)

Passed Level 3 - Exam \_\_\_\_\_ Fee \_\_\_\_\_  
(Exam Date) (Included)

Total Certificate Fee Included: \_\_\_\_\_  
(Add All Above)

**F. Applicant Signature** - By signing this application, I attest that the information included with this application is accurate and that I have met the requirements of *Utah Administrative Code R317-11* for certification as an Onsite Systems Professional for the levels indicated above. I understand that for Level 2 and Level 3 certifications, I must maintain all lower classifications of certifications.

Applicant's Signature (Required)

Date

(Remember to include copy of current Utah P.E., E.H.S. or Contractor license)

| (Certification Program Use Only) |       |
|----------------------------------|-------|
| Receipt No.                      | _____ |
| Amount                           | _____ |
| Entered DB                       | _____ |
| Cert No.                         | _____ |
| Expire Date                      | _____ |

**G. Experience Record – Include experience appropriate to the class of certification requested**

To be completed by Licensed Environmental Health Scientist or Licensed Contractor with current Utah license requesting waiver of attendance at Certification classes through the On-Site Wastewater Training Center

Environmental Health Scientist – Level 1, 2, or 3 – include details of 2 years experience appropriate to each class requested.

Licensed Contractor – Level 1 or 2 – include details of at least five (5) years experience in constructing Onsite wastewater systems. (May not waive attendance at Level 3 classes)

| Engagement No.   | Experience applies to Level 1, 2, or 3? | Dates From - To | Title of Position, Name of Employer, Duties, Degree of Responsibility of each engagement<br><br>Make clear and concise statements; Amplify further on separate sheets or with resume; supporting material if attached should be coded with the number of each engagement | Total Time, years | Name, Title, Current Phone Number and Mailing Address of Superior or other persons most familiar with your work |
|--|---|-----------------|--|-------------------|---|
| 1  |   |                 |  |                   |   |
| 2  |   |                 |  |                   |   |
| 3  |   |                 |  |                   |   |
| 4  |   |                 |  |                   |   |
| 5  |   |                 |  |                   |   |
| 6  |   |                 |  |                   |   |
| 7  |   |                 |  |                   |   |
| 8  |   |                 |  |                   |   |
| Total experience in years claimed by the applicant for Level 1 |   |                 |  |                   |   |
| Total experience in years claimed by the applicant for Level 2 |   |                 |  |                   |   |
| Total experience in years claimed by the applicant for Level 3 |   |                 |  |                   |   |
| Summary verified by the Division of Water Quality              |   |                 |  |                   |   |